

**LAKE FOREST AT SAINT LUCIE WEST, HOA, INC.**  
**249 S.W. LAKE FOREST WAY**  
**PORT ST. LUCIE, FL 34986**  
**(772) 878-1944, FAX (772) 878-6461**  
**[LAKEFORESTSLW@Comcast.NET](mailto:LAKEFORESTSLW@Comcast.NET)**

**I (we) understand that we are moving into a deed-restricted Community.**

**I (we) hereby agree to abide by all documents, rules and regulations of Lake Forest Homeowners Association. (Documents should be provided by the owner or may be purchased from the Association)**

**Further, I (we) understand and agree to pay directly to the Association any assessment that is past due by the owner and deduct the amount from the rent. The balance of which will be paid to the owner. I (we) understand that failure to do so may result in our eviction from the property by the Association and any resulting cost for attorney's fees will be billed to us.**

**Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Notary: \_\_\_\_\_**